

HOME OCCUPATION REGISTRATION APPLICATION

Village of Los Lunas
660 Main Street NW
505-839-3842

Community Development Department
Los Lunas, New Mexico 87031
FAX: 505-352-3580

Applicant's Name:	
Business Name:	
Applicant's Home Address:	
Address of Proposed Business:	
Telephone:	

Note: Home occupations are conditional uses in all residential zones.

PLEASE ANSWER ALL QUESTIONS

1. Please explain how the dwelling unit will be used in reference to this activity:	
2. a. How many people besides yourself will be working in the dwelling unit?	2.b. Do they all live in the dwelling unit? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Please explain the activity in the dwelling unit:	
3.a. Will anything be manufactured or produced on the premises? (If "yes" explain)	
3.b. Will any merchandise be sold at the dwelling place? (If "yes" explain)	
3.c. Will any merchandise be displayed at the dwelling unit? (If "yes" explain)	
3.d. Will the home occupation involve auto repair? (If "yes" explain)	
4.a. Which room(s) in the dwelling unit will be used for the activity?	
4.b. Will the rooms used for the activity exceed 25% of the total floor area of the dwelling unit? (If "yes" explain)	
4.c. Will any stock in trade be stored in the dwelling unit or on the premises? (If "yes," will an accessory building be dedicated to storing stock that is greater than 600 sq. ft.?)	
5. Will the activity be conducted outside in the yard, patio, or open courtyard of this dwelling unit? (If "yes" explain)	
6.a. Will there be any vehicle(s) used in connection with the home occupation? (If "yes" explain)	
6.b. How many such vehicles will be parked at this location?	
6.c. Describe what the vehicles will be used for:	
6.d. Describe the size and type of vehicle(s):	
6.e. Describe anticipated pickup and delivery by commercial vehicles to the site (number per week, type of delivery, etc.)	
6.f. Will there be any other type of vehicle traffic to and from the site resulting from this home occupation? (If "yes" explain)	
7. Will there be visible storage, or noise, dust, odors, noxious fumes, or other nuisances emitted from the premises?	
8. Is the home occupation related to health care (such as physicians or other medical occupations, counseling, nursing homes, massage, therapy, etc.)? (If "yes" explain)	
9. Is this home occupation related to adult amusement (such as a companion or escort service)? (If "yes" explain)	
10. Will there be any other home occupation on the same premises? (If "yes" explain)	
11. Will there be a sign placed on the premises related to the home occupation? If "yes," it shall not exceed four square feet in area or be illuminated and it must be affixed to the front of the house.	

I understand that my signature below indicated that all information contained on this application is true and complete, and that this home occupation is dependant upon me abiding by all regulations found in Section 17.44.170 of the Village Municipal Code.

Signature: _____ Date: _____.